

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-041538

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 86

FILED DEC 4 1962

1. PLACE OF DEATH

a. COUNTY

Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Lamar

Length of stay in lb

1 Day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Barton

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN Lamar

d. STREET

ADDRESS

(If outside, give location)

605 Broadway

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

DEAN

Middle

LYLE

Last

DAVIS

4. DATE OF DEATH

Month

Day

Year

Nov. 24, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-17-1919

9. AGE (last birthday)

43

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Appliance Repair

10b. KIND OF BUSINESS OR INDUSTRY

Repairman

11. BIRTHPLACE (City and state or country)

Mindonmines, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

A. L. Davis

13b. MOTHER'S MAIDEN NAME

Ruby Chancellor

14. NAME OF HUSBAND OR WIFE

Emilia Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

No

VIET II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Ruby Sherman, Lamar, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Cancer of Liver

INTERVAL BETWEEN ONSET AND DEATH

11-5-62

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cancer of Tongue

5-24-62

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-24-62 to 11-24-62 and last saw her alive on 11-24-62

Death occurred at 6:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Herbert M. Arnold M.D.

22b. ADDRESS

Lamar, Mo.

22c. DATE SIGNED

11-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-27-1962

23c. NAME OF CEMETERY OR CREMATORY

Lake Cemetery

23d. LOCATION (City, town, or county)

Lamar, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Konantz Funeral Home, Lamar, Missouri

25. DATE RECD. BY LOCAL REG.

11-26-1962

26. REGISTRAR'S SIGNATURE

Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

DATE AMENDED

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DEC 6 1962
DEC 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.